



City of Royal Oak

City Clerk's Office
211 Williams Street
Royal Oak, MI 48068
(248) 246-3050

INITIAL MERCHANT LICENSE

APPLICATION MUST BE TURNED IN 30 DAYS PRIOR TO OPENING BUSINESS

DATE OF APPLICATION _____

IN ACCORDANCE WITH THE CODE OF ORDINANCES, CHAPTER 458, I/WE HEREBY APPLY FOR A LICENSE TO ENGAGE IN THE BUSINESS OF: _____

NAME OF BUSINESS _____ PHONE # _____

ADDRESS _____ ZIP _____

E-MAIL ADDRESS _____

WHAT BUSINESS WAS AT THIS ADDRESS? _____

OWNERS: Following information is required for processing. (If Corporation or Partnership, give names, title, date of birth, phone #, and addresses of ALL OFFICERS.)

1. _____
Full Name Title Date of Birth Phone #

_____ Address / City / State / Zip

2. _____
Full Name Title Date of Birth Phone #

_____ Address / City / State / Zip

3. _____
Full Name Title Date of Birth Phone #

_____ Address / City / State / Zip

PREVIOUS BUSINESS:

For 18 months previous to this application, I/we were engaged in the business of: _____

Name of Business: _____ Length of Time: _____

Date Discontinued: _____ Still Operating: _____

IF APPLICANT WAS NOT IN BUSINESS, GIVE PREVIOUS PLACE OF EMPLOYMENT:

_____ Name of Company Address / City / State / Zip

PROPERTY OWNER:

If property is being purchased, rented or leased:

NAME OF OWNER: _____ PHONE: _____

ADDRESS: _____

RENTED/LEASED (DATES) FROM: _____ TO: _____

NAME:

ADDRESS:

WILL ALCOHOL BE SOLD? NO ____ YES ____ If so, please specify: ____ Beer ____ Wine ____ Liquor

ARE YOU EXCLUDING ANY MINORS FROM ANY AREA WITHIN YOUR ESTABLISHMENT?

NO ____ YES ____ If so, please specify area _____

MICHIGAN SALES TAX #: _____ Required by the State Treasury Dept. (MCLA 205.66a)

IN THE EVENT OF EMERGENCY CONTACT:

	<u>NAME</u>	<u>ADDRESS/CITY</u>	<u>PHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BUILDING ALARMED: NO ____ YES ____

NAME OF ALARM COMPANY: _____ PHONE: _____

COMPLIANCE AGREEMENT MAY BE REQUIRED TO BE SIGNED BY THE LICENSEE OR APPLICANT AT THE TIME APPLICABLE INSPECTIONS ARE COMPLETED AT SAID BUSINESS.

I HEREBY SWEAR OR AFFIRM THAT THE FACTS SUBMITTED HEREIN ARE TRUE.

DATE: _____ SIGNATURE: _____

PLEASE ATTACH COPY OF DRIVER'S LICENSE OF SIGNER

INITIAL MERCHANT FEE: \$135.00	PAYABLE TO: CITY OF ROYAL OAK
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Fee Paid: _____ Cash _____ Check # _____ Date: _____

License # _____ Date Issued: _____ Clerk: _____

APPROVALS

PLANNING DEPARTMENT: _____ DATE: _____

APPROVED FOR: _____

CHIEF INSPECTOR: _____ DATE: _____

FIRE MARSHALL: _____ DATE: _____

PLEASE RETURN COMPLETED APPLICATION TO:

**CITY CLERK
CITY OF ROYAL OAK
211 WILLIAMS STREET
ROYAL OAK, MICHIGAN 48068**